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Date: February 7, 2008

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Recipient #:

From: Mary Anthony Merchant, Ph.D.  
Reg. No. 39,771

Subject:

In re Application of:

**MALEY, Joseph C.**

Serial No.: 10/630,627

Filed: July 29, 2003

For: **METHODS AND COMPOSITIONS FOR TREATMENT OF DERMAL  
CONDITIONS**

Number of pages including this cover sheet = 17  
If all pages are not received, please call 404-885-3652

\*\*\* COMMENTS \*\*\*

Attached:

Certificate of Transmission (1 page);  
Transmittal Form (1 page);  
Fee Sheet (1 page);  
Petition for Two-Month Extension of Time (1 page); and  
Response to Office Action ( 12 pages)

1904320-1

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PTO/SB/21 (11-07)

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/630,627	
	Filing Date	July 29, 2003	
	First Named Inventor	MALEY, Joseph C.	
	Art Unit	1615	
	Examiner Name	Ahmed, Hasan Syed	
Total Number of Pages in This Submission	16	Attorney Docket Number	ACRY4.CIP

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Troutman Sanders LLP		
Signature			
Printed Name	Mary Anthony Merchant, Ph.D.		
Date	February 7, 2008	Reg. No.	39,771

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Mary Anthony Merchant, Ph.D.	Date	February 7, 2008

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## Certificate of Transmission under 37 CFR 1.8

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Applicant: MALEY, Joseph C.Group Art Unit: 1615Serial No.: 10/630,627Examiner: Ahmed, Hasan SyedFiling Date: July 29, 2003Docket No.: ACRY4.CIPTitle: Methods and Compositions for Treatment of Dermal Conditions

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450

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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL FOR FY 2008</b>		<b>Complete if Known</b>	
		Application Number	10/630,627
		Filing Date	July 29, 2003
		First Named Inventor	MALEY, Joseph C.
		Examiner Name	Ahmed, Hasan Syed
		Art Unit	1615
		Attorney Docket No.	ACRY4.CJP
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT		(\$ 230.00)	

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account number: 20-1507 Deposit Account Name: Troutman Sanders LLP

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

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## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	180	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		210	105
Multiple dependent claims		370	185

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee paid (\$)</b>
- 100 =	/ 50 =	(round up to a whole number) x	=	

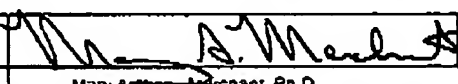
## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Two-Month Extension of Time

Fees Paid (\$)

\$ 230.00

SUBMITTED BY		
Signature		Registration No. (Attorney/Agent)
Name (Print/Type)	Mary Anthony Merchant, Ph.D.	Telephone 404-885-3652
		Date February 7, 2008

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